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ABSTRACT

Pennsylvania State University Beaver Campus developed crisis guidelines and a formal working relationship with a local community mental health center in order to be able to deal with on-campus crises and their followup. The guidelines provide each employee with a single, easy-to-follow document that outlines the decision making process to be followed in various crisis situations (e.g., rape, suicide attempts, and alcohol abuse). To provide access to professional counseling and care when necessary, there is an annual contract with the local community mental health center. The development of such crisis guidelines requires involvement from a large segment of the campus (e.g., security, university relations, residential life staff, and the health center). The chief student affairs officer and campus president should appoint a working crisis team and plan to develop and implement the crisis guidelines. The following areas should be addressed: media relations; rape protocol guidelines; suicide guidelines; names and home phone numbers of the campus crisis team; what to do if medical attention is needed; phone numbers of local police, hospitals, mental health centers, women's centers, and campus security; involuntary withdrawal procedures; transportation issues; and crisis and administration followup. The demands placed upon the counseling and residential staff of a small college when dealing with a suicidal or emotionally disturbed student can be very difficult. Development of crisis guidelines and a formalized relationship with the local mental health center can provide support for the staff and give students who need assistance quality service. (SM)

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"EFFECTIVE CRISIS MANAGEMENT AT THE SMALLER CAMPUS"

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"Effective Crisis Management at the Smaller Campus"

Introduction

It is 2:00 a.m. on a Saturday morning and the Residence Hall Coordinator, who is permitted one weekend away each month, is home with his family. The Resident Assistant (RA) on duty is awakened by a parent's frantic call that her daughter, a resident on that floor, just swallowed over forty pills in a suicide attempt. The RA's response to this emergency can determine whether this student lives, dies or sustains a serious injury.

The above is an actual situation faced recently by an RA at the Penn State Beaver Campus. The effective handling of this, and other emergency situations, was facilitated by our proactive approach to crisis management.

Background

The changing student population has brought with it many challenges for higher education. In recent years, colleges and universities have had to deal with the legacy of various societal problems experienced by students raised in substance-dependent and/or abusive, unhappy homes. This has certainly been the case at the Penn State Beaver Campus. We have seen a significant increase in suicide threats and the number of students with severe psychological or developmental problems over the past few years.

Larger universities with appropriate funding may have the luxury to directly hire psychologists or psychiatrists to assist the campus counseling center in dealing with these serious problems. These individuals may also be tapped to provide training sessions for student affairs staff, faculty, and a wide range of paraprofessionals. Although the demands on their time has most assuredly increased, colleges and universities that have these individuals on staff, at least have some support for dealing with problem students.

The smaller colleges, with more limited budgets, may not have the financial resources available to address this issue. The career development and placement counselor or the campus nurse is often the individual designated to handle students requiring personal counseling. This arrangement may be acceptable in cases of minor developmental problems. However, too frequently, the career development counselor does not have the skills or training commensurate with assisting a student requiring long term follow-up after a suicide attempt.

To address this need, the Penn State Beaver Campus developed, documented and distributed "Crisis Guidelines" and established a formal working relationship with a local community mental health center. The Guidelines provide each employee with a single, easy-to-follow document which outlines the decision making process to be followed in a variety of crisis situations (e.g. suicide attempts, rape, alcohol abuse). To provide access to professional counseling

and care when necessary, our campus enters into an annual contract with the local community center for both in and out-patient mental health services.

Building a Relationship With Mental Health Professionals

In the fall of 1985, it became apparent that our local campus staff was not trained to deal with suicidal students or to provide on-going mental health treatment. Due to the successful experience with formally retaining a medical practice to visit the campus health center twice per week, it was concluded that this might be an effective alternative for emotionally disturbed students. Up to this point, the local mental health center was not accepting students for treatment even on a crisis basis.

The student programs and services staff began to investigate local private psychiatrists and found their fees to exceed fifty dollars per hour. The amount was more than our budget permitted us to allocate to this service. The local community mental health center was then contacted and we began to negotiate a fee and contract. This agreement provides twenty-four hour per day consultation availability and three follow-up visits for each student treated. Over the past three years, the number of students served by this center has been in excess of fifteen per year. In addition, the agreement includes training for Resident Assistants, Student Programs staff and faculty. The contract also states that the psychologist will provide service both on and off campus.

A major benefit of this arrangement is that it provides staff with the opportunity to discuss questionable situations with an expert professional at the time it arises. In addition, if the student receives counseling at the Community Mental Health Center, a release is obtained from the student and the center provides the campus with on-going information on the progress the student is making. This enables the college to determine if the student can remain in school which can be the leverage required to persuade the student to accept help.

Developing Crisis Guidelines

The objective of a Crisis Guidelines document is to provide the user with a clear and concise message on how to react to a crisis situation. In an emergency situation, staff and para professionals need a document that has this information readily accessable and understandable.

The development of Crisis Guidelines requires involvement from a large segment of the campus. Security, university relations, residential life staff, and the health center are a few of the functional units that should be involved in the development of this document. The chief student affairs officer and campus president should appoint a working crisis team and issue the charge to develop and implement the crisis guidelines.

The specific content of the local guidelines will vary depending upon the services, staff, and operating procedures of the campus. However, the following areas should be addressed:

Media Relations - In the event of a crisis situation a clear procedure needs to be established to deal with the media. A spokesperson should be identified and the public relations office should be notified of all potential situations that may bring the media on campus. Staff, faculty and paraprofessionals should be instructed not to discuss the situation with the press unless previously approved by the public relations office.

Rape Protocol Guidelines - Campus security are key in the development of guidelines for staff to follow in the event of a rape. Campus personnel and students need to know that evidence gathering is critical and should receive indepth training. The campus should consider formalizing a relationship with a local hospital and Woman's Center to provide both medical and emotional support to the victim. Since the examination itself is over four hundred dollars ($400) and many students are reluctant to inform their parents, the campus should offer to pay for the rape medical examination if the student cannot afford one. Follow-up treatment and counseling should also be urged.

Suicide Guidelines - First and foremost, all suicide gestures should be taken seriously. Campus personnel should have access twenty-four

hours a day to a professional that can provide them with advice in the event a suicide attempt is made. A checklist should be developed that specifically addresses dealing with the suicidal student.

Names and home phone numbers of the campus crisis team - This information must be readily available. The Crisis Guidelines document with the team members directory should be disseminated campus wide. The guidelines should specify a minimum of two contact people for each crisis situation.

What to do if medical attention is needed - Many crisis situations will require medical attention. The campus should develop and implement procedures to address this situation. Proactive relationships with local hospitals and doctors should be formalized to assure students get the care they need. First aid lists and CPR equipment should be placed throughout the campus. Campus staff again need the ability to have a medical person available for consultation twenty-four hours a day.

Phone numbers of local police, hospitals, Mental Health Center, Women's Center, Campus Security, etc. - These numbers and special contact or codes that identify you as a staff member should be available in the crisis guidelines. In addition, students in general may require this information and therefore it must be widely communicated.

Involuntary Withdrawal Procedures - If a student is a threat to himself/herself, or to others, does that campus have an involuntary withdrawal procedure to have the student removed from campus? Within the limitations of due process, this procedure is a critical element of the crisis guidelines. Although it may never formally be utilized, it does permit the university to have the leverage that is needed to suggest that the student undergo an evaluation to determine his/her stability and whether or not the individual can continue to function safely on campus.

Transportation issues - Arrangements for students to travel to off-campus medical or other locations should be documented with appropriate phone numbers. If the campus does not have appropriate resources to safely transport students, an agreement with an ambulance service should be outlined.

Crisis and administration follow-up - Due to the potential of future litigation, it is critical that all situations be thoroughly documented. This procedure should be included in the crisis guidelines. In addition, if a student is required to see a doctor, psychotherapist, or counselor after the incident, this situation should be documented and appropriate follow up must occur. The crisis team should also meet periodically to assess the groups effectiveness and discuss ways to improve the procedure.

Summary and Conclusion

The demands placed upon the counseling and residential staff at a small college when dealing with a suicidal or an emotionally disturbed student can be extremely difficult. These individuals need the professional support that a psychotherapist can provide and must have access to clearly established guidelines in the event of a campus emergency. The high cost of hiring a private practitioner may exceed the budget limitations of a small division. The development of a formalized relationship with the local mental health services and crisis guidelines may provide the support necessary for the staff and give students who need assistance quality service.